

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 10 1996 8:00 am
Secretary of State

DOCUMENT # 587298 (1)
1. Corporation Name
ENERGY PERFORMANCE, INC.



Principal Place of Business Mailing Address
P. O. BOX 2093 WINTER HAVEN FL 33883-2144
P. O. BOX 2093 WINTER HAVEN FL 33883-2144

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/22/1978		3a. Date of Last Report 01/18/1995	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2857875		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BENNETT, BARRY W. 60 SECOND ST. SE WINTER HAVEN FL 33882				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL 85. Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable (None - Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				12. NAME			
STREET ADDRESS				13. STREET ADDRESS			
CITY - ST - ZIP				14. CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE				21. TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME				22. NAME			
STREET ADDRESS				23. STREET ADDRESS			
CITY - ST - ZIP				24. CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE				31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				32. NAME			
STREET ADDRESS				33. STREET ADDRESS			
CITY - ST - ZIP				34. CITY - ST - ZIP			
TITLE <input checked="" type="checkbox"/> DELETE				41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				42. NAME			
STREET ADDRESS				43. STREET ADDRESS			
CITY - ST - ZIP				44. CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE				51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				52. NAME			
STREET ADDRESS				53. STREET ADDRESS			
CITY - ST - ZIP				54. CITY - ST - ZIP			
TITLE <input type="checkbox"/> DELETE				61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY - ST - ZIP				64. CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/96 941/299-1263

CR2E034 (3/96)